PTO/SB/22 (10-08)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | Docket Number (Optional) | |
|---|--|---------------------------|---------------------|------------------------------------|----------------|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | GROT | H 3.3-036 |
| Application Number 10/509,981-Conf. #2938 | | | Filed / | April 22, 2005 | |
| For A METHOD AND A DEVICE FOR MEASURING STRESS FORCES IN REFINERS | | | | | |
| Art Unit 2822 | | | | Examiner | D. E. Graybill |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| | One mor | nth (37 CFR 1.17(a)(1)) | <u>Fee</u> \$130 | Small Entity Fee \$65 | \$ |
| | Two mor | nths (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ |
| | Three m | onths (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ |
| | X Four mo | nths (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ 1,730.00 |
| | Five mor | oths (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | |
| | /Arnold H. Krumholz/ | | | December 9, 2008 Date | |
| | Signature | | | | |
| • | Arnold H. Krumhoiz Typed or printed name | | | (908) 518-6304 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted. | | | | | |
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